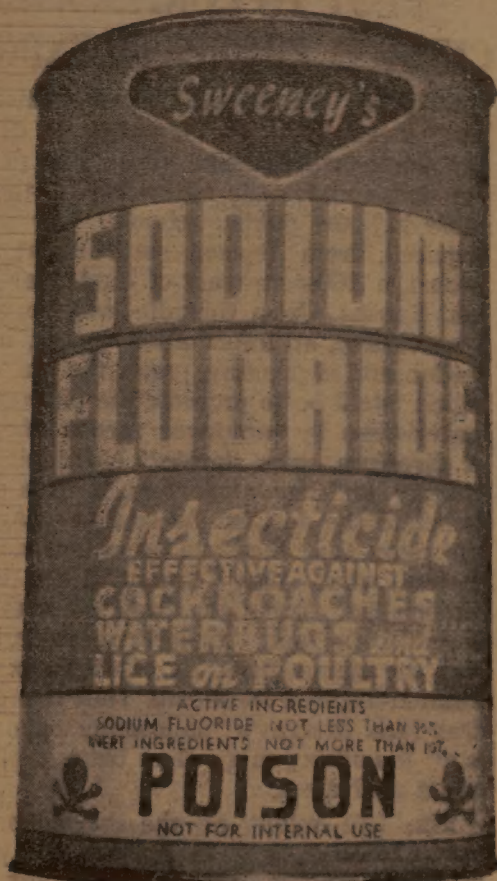


## FLUORIDE - SLOW DEATH



Sodium fluoride is incorporated in many powders designed to kill cock-roaches, mice and rats. At one time it was used as a food preservative, but it is much too dangerous for this purpose. Many cases of poisoning of human beings by sodium fluoride have been recorded.

the vehicle. Nesin (33) (34) (38) gives evidence that human water consumption may vary between 1 and 20 quarts daily. The normal range for adults is thought to be 1½ to 8 quarts (39), with the comparable figures for children running from a few ounces to over 2 quarts (34) (40) (41). Obviously, consumers of large amounts of water are penalized under water fluoridation. Further, the foolishness of regarding any fluoride concentration in water as optimal for all persons is evident. In this regard, Cox (42) asks a pertinent question: "A very important fact remains to be established, one now guessed through certain faulty assumptions: What is the optimum amount of fluorine, and I mean the true optimum, not an arbitrary one, for conferring caries resistant teeth to children of various ages." Cox may as well have said that such an optimal figure is nonexistent.

Studies purporting to prove the safety of artificial fluoridation necessarily have been pursued in naturally fluoridated areas, since artificial programs have not operated long enough to answer questions about chronic-cumulative action. Exner (6) (35) (8), Waldbott (8) (32) and Rapp (26), among others, demonstrate differences between natural and artificial fluorides. The exact composition of fluoride, as it occurs naturally in water, is unknown. We do know that fluorides naturally are found in harder waters, associated with calcium, a known inhibitor of deleterious effects of fluoride ions. It seems likely, then that artificially fluoridated, softer waters will not affect humans in the same manner as harder, naturally fluoridated waters. Therefore, studies of effects of natural fluoride water probably can establish nothing reliable for artificially fluoridated water. Rapp (26) inquires: "What is the response of the body to fluoride that is not accompanied by the other mineral substances found in natural fluoride waters? Do these other substances limit or augment the effective activity of the fluoride, even though they do not affect its concentration? When these questions have been answered . . . then only can we say that fluoride therapy is out of the experimental stage."

The Report of the St. Louis Medical Society (43) assures us as follows: "There is no published record of any injury to the health

of any person drinking naturally fluoridated water with concentrations as high as 8 parts per million, nor of harmful effects at such lesser concentrations as occur naturally or are provided in fluoridation programs." Published information completely discredits this statement. The editorial quoted to begin this section refutes both implications. In addition, this discussion will include several instances of harm, not only at much less than 8 ppm but also at less than the 1ppm thought optimal for some localities.

Some consider the safety of fluoridation up to 8 ppm established by the Bartlett-Cameron study (44). Many seriously question this: Exner (6) (8) (35), Waldbott (8) (32) (45) (46), Klerer (47), Nesin (33), etc.

It is difficult to fathom the reasoning employed in picking Cameron (0.5 ppm F) as a "control" city for Bartlett (8 ppm F) if high rates of water consumption for Texas are considered. This is not a comparison between a fluoride-free and a high-fluoride city. The 1953 examination team was composed of entirely different people than the 1943 team. Fluoride levels were inconstant. A high incidence of symptoms of fluoride

poisoning was observed: increased bone density, coarse trabeculation of bone, hearing impairment, cataracts, abnormal WBC counts and sedimentation rates. "No published record of harm" resulted since all these findings were dismissed as "insignificant." Similarly termed "insignificant" were the 3½ times greater death rate in Bartlett and the higher incidence of periodontal lesions and missing teeth. Strangely, no comparisons were made between the findings in these cities and national averages for non-fluoride cities.

### CASES OF HIGHER DEATH RATE

Also failing to demonstrate safety for fluoridation are the mortality statistic comparisons in the 32 paired cities (48) and the Illinois survey (49). In the case of the 32 cities, 5 more deaths per 100,000, observed in fluoride areas, was "insignificant." In the Illinois survey, 98 more deaths per 100,000 seemed "insignificant" to evaluators. Nesin (33) says the erratic nature of these surveys is such that a death rate of 600 per 100,000 is insignificant. We have already noted that studies of naturally fluoridated areas prove

— o — Please turn to page 4 — o —

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